		GC-210
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
Write your name here	Write your	
	phone	
Write your address here	number here	
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRA	NCISCO	
STREET ADDRESS: 400 McAllister Street		
MAILING ADDRESS: Probate Department, Room 103		
CITY AND ZIP CODE: San Francisco, CA 94102		
GUARDIANSHIP OF (Name):		
Write child's full name here	MINOR	
DETITION FOR A PROINTMENT OF CHARRIAN OF	MINOR MINORS	CASE NUMBER:
PETITION FOR APPOINTMENT OF GUARDIAN OF Person Estate	MINOR MINORS	Write your case number here
		Write your case maniber note
1. Petitioner (name): Write your name here	neck one	requests that
a. (Name and address): Write name, address and p	phono number of pro	anosad Guardian horo
	·	
be appointed guardian of the PERSON of the minor and Lett b. (Name and address):	ers issue upon qualification	
b. (Name and address).		(Telephone):
be appointed guardian of the ESTATE of the minor and Lett	ers issue upon qualificatio	n.
c. the proposed guardian be appointed for several minors	s who are brothers and sis	ters. The information requested in
items 2 To be the Guardian of more than	one child check th	is box
d. (1) bon for the cadardian of more than for the reasons stated in Attachment 1d.	one orma, encore an	exempt government agency
	d b., an authorinad a.,	
(2) \\$ bond be fixed. It will be furnished (Specify reasons in Attachment 1d if the amount is		company or as otherwise provided by law.
		ill be filed. (Specify institution and location):
e. authorization he granted under Probate Code section		
f. orders re Check here if there are close rela		under Probate Code sections 2351-2358
be grap you cannot contact about this p		ed
h. other orders be granted (specify in Attachment 1h).	in Attachment to be grant	cu.
2. The minor is (name): Fill out questions #2	D_7 mar	ried unmarried
(Present address and telephone):		
3. Date of minor's birth:		having legal custody of the minor is (name
4. Petitioner is	and a Wri	te name and address of person
a. related to the minor as (specify):b. a minor 12 years of age or older.		who has custody of the child.
c. other person on behalf of minor (specify):		nly if this person is one other than the per-
5. The proposed guardian is		egal custody.) The person having the care
a. nominee (affix nomination as Attachment 5).	of the minor	is (name and address):
b. related to minor as (specify):	Write	your name and address here
c other (specify):	VVIILE	your manne and address here
7. The minor a. is is not a patient in or on leave of absence	from a state institution und	er the jurisdiction of the State Department
of Mental Health or the State Department of Developm		
	(5),55, 600	,
	ceiving or entitled to receiv	ve benefits from the Veterans
Administration (estimate amount of monthly benefit pay		
(0)		equired by Indian Child Welfare Act as Attachment 7c.)
Do NOT use this form for a temporary guardianship. (Continue	d on reverse)	Allacillion (C.)

Answer questions 8 & 9 CASE NUMBER: GUARDIANSHIP OF (Name): Write Child's full name here Write your case number here MINOR Petitioner has no knowledge that the minor is receiving public assistance benefits (specify in Attachment 8). Petitioner n, juvenile court, marriage dissolution, domestic rela-Check here if you are going to adopt the child tions, custoda hment 9). retitioner, with intent to adopt, has accepted or intends to accept physical care or custody of the minor. A person other than the proposed guardian has been 12. Character and estimated value of property of the estate: nominated by will other nomination Personal property: nomination affixed as Attachment 11) (specify name Annual gross income Attach a page saying why nd address): including real and p you should be quardian. Check here if the parent asked in writing for someone Write "Attachment 13" else to be Guardian. If so, give their name and address. at the top. **V 4**erson 13. Appointment of a guardian of the in Attachment 13. Parental custody of the minor would be detrimental for the reasons stated in Attachment 13. Granting the proposed quardian of the estate powers to be exercised independently under Probate Code section 2590 t interest of the guardianship estate. Powers and reasons are specified Fill out only if you checked 1g 15. Notice to the persons named in Attachment 15 should be dispensed with under Probate Code section 1511 (specify names and efforts to locate in Attachment 15) Complete #16 if you are not related to the child cify names and reasons in Attachment 15). er than one for appointment of a guardian of the esta 16. Complete thi Check here too if For 16a, check here is not related you will try to Petitioner is the proposed guardian and will promptly furnish all information requested by robate adopt. Attach a Code section 1543. page to explain. Petitioner is not the For 16b, check one Int by the proposed guardian that he Write "Attachment by any agency reserred to in Probate Code section 1543 is affixed For 16c. 16c" at the top. is not a licensed foster family home. b. The propo is check here has never filed any petition for adoption of the minor except as specified in Attachment 16c. Filed with this petition are the following (see Judicial Council forms GC-211, GC-110, and MC-150): Consent of Proposed Guardian Waiver of Notice and Consent Petition for Appointment of Temporary Guardian Nomination of Guardian Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) 18. The names, residence addresses, and relationships of the father, mother, spouse, brothers, sisters, grandparents, and children of the minor, so far as known to petitioner, are as follows: Relationship and name Residence address a. Father: Fill this section out. If you b. Mother: need more room, check this box and attach a new c. Grandparents: page. Write "Attachment 18" at the top. d. List of names and addresses continued in Attachment 18 19. Number of pages attached: Write how many pages Date: you attached here. * (Signature of all petitioners also required (Prob. Code, § 1020).) I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: Write the **date** here Sign here Print your **name** here (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER) (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)